

REGISTRATION STATEMENT
DEALER OF CRAFTED PRECIOUS METALS

DATE: _____

NAME OF BUSINESS: _____

ADDRESS: _____

APPLICANT: _____

ADDRESS: _____

TEMPORARY BUSINESS ADDRESS: _____

NAMES & ADDRESSES OF CORPORATE OFFICERS AND DIRECTORS OR ASSOCIATION MEMBERS:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**A DEALER WHO FAILS TO FILE A REGISTRATION STATEMENT IN VIOLATION OF THIS SECTION COMMITS A
CLASS B MISDEMEANOR.**

Mail original to: TX Department of Public Safety
P.O. Box 4087
Austin, Texas 78773-0001